

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 16-JUL-2016		TIME 01:57:00		2. ADDRESS OF OCCURRENCE 7225 S MERRILL AVE CHICAGO, IL 60649		3. LOCATION CODE 092		4. BEAT/OCCUR 0333		4a. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input checked="" type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO					
	5. POSITION 9161		6. LAST NAME POLSON		7. FIRST NAME BRETT S		8. STAR NO. 5612		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 600		12. HT. 167	
	14. DATE OF APPT. 31-AUG-2012		15. EMPLOYEE NO. ██████		16. UNIT & BEAT OF ASSIGNMENT 003 0331		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20. LAST NAME BECKWITH		21. FIRST NAME DEONTE		22. M.I. J		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. 10-MAY-1994		26. HT. 602		27. WT. 200	
SUBJECT INFORMATION	28. ADDRESS 7225 S MERRILL AVE CHICAGO, IL 60649				29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		VERBAL THREAT (ASSAULT, MOUTH (SPIT,BITE,ETC), FEET, <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	32a. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input checked="" type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				33. WHERE WAS MEDICAL TREATMENT OBTAINED? JACKSON PARK HOSPITAL FOUNDATION											
	34. BY WHOM? DR SZWAJKUN				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****				37. CB NO. 19343021								IR NO.		<input type="checkbox"/> DNA	
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE							
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>							
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>		WEAPON <input type="checkbox"/>							
	OTHER _____		OTHER _____				OTHER KICK, HIT, SPIT, PUSH		OTHER _____							
SUBJECT'S ACTIONS	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>							
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____							
	ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>									
	WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____											
MEMBER'S RESPONSE	ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>													
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>													
	CONTROL INSTRUMENT <input type="checkbox"/>		TASER (ARC Cycle) <input type="checkbox"/>													
	OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>													
WEAPON DISCHARGE INCIDENT	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				RANK		STAR NO.		UNIT NO.		40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		40c. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member									
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR							
	45. MAKE/MANUFACTURER				46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE							
49. TASER DART ID NO.				50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.						
54. SPECIAL WEAPON CERTIFICATE NO.				55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED						
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS										
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - .05 FT. <input type="checkbox"/> 02 .05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN								
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION				70. ADDITIONAL INFORMATION												

1619801404

HZ350999

70. EVENT NO.

71. R.D. NO.

CASE INFORMATION	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			70 EVENT NO 1619801404	
	40. ADDITIONAL INFORMATION <div style="border: 1px solid black; height: 40px;"></div>				
SIGNATURES	73. REPORTING MEMBER (Print Name) POLSON, BRETT S 16-JUL-2016 13:30:40		STAR/EMPLOYEE NO. 5612	SIGNATURE <div style="background-color: black; width: 100px; height: 20px;"></div>	71 R.D. NO HZ350999
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
	74. REVIEWING SUPERVISOR (Print Name) HILLARD, TERRI L	STAR NO. 2309	SIGNATURE <div style="background-color: black; width: 100px; height: 20px;"></div>	DATE REVIEWED TIME 16-JUL-2016 13:40:58	

Additional discharged weapons:

SUBJECT
INFORMATION

36. CHARGES PLACED

☐ DNA

9-40-030, 625 ILCS 5.0/11-501-A-5, 625 ILCS 5.0/11-501-A-4, 625 ILCS 5.0/11-502-A, 625 ILCS 5.0/11-501-A-2, 720 ILCS 5.0/12-2-B-4, 625 ILCS 5.0/11-204-A, 625 ILCS 5.0/11-505, 625 ILCS 5.0/11-704-A, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE OF DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt interviewed the offender in the 3rd district lock up. The offender related that he did not do anything wrong and the officers stopped him for no reason. The incident was recorded on the in car camera.

76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Based on the reports reviewed at this time, the Officer's actions were in compliance with department rules and regulations.

77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☐ I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

☐ LOG NO. _____ OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE.

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

WILLIAMS, TERESA H

80.

TRR

OF

TRR(S)

81. TOTAL TRR'S THIS EVENT No.

3

SIGNATURE



DATE COMPLETED TIME

16-JUL-2016 16:34:24